



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

RECEIVED
Drugs Breath Alcohol Program
By Carol Day at 10:36 am, Sep 08, 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN 204191	Inventory #127311	DATE OF INSPECTION 08-28-09
LOCATION OF INSTRUMENT (STREET AND CITY) Newton County Jail, Neosho, MO		TIME OF INSPECTION 0939

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 50. °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2°C) 34.1 °C	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 <input checked="" type="checkbox"/> .098 %	TEST 2 <input checked="" type="checkbox"/> .099 %	TEST 3 <input checked="" type="checkbox"/> .100 %
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)							
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)							
REFUSALS 4	(0-.04) 1	(.05-.09) 2	(.10-.14) 9	(.15-.19) 7	(Over .19) 5		

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

THIS INSTRUMENT IS OPERATING WITHIN MO DOH RULES AND REGULATIONS.

Manufacturer: Guth Laboratories, Inc.

Lot #: 08340

Bottle #: 1671

Expiration Date: 10-15-09

INSPECTING OFFICER

SIGNATURE ▶ <u>Tr C.C. Clark #149</u>	PRINT NAME Tpr. C. C. Clark, #149
TYPE IF PERMIT NUMBER/EXPIRATION DATE 920072, 04/21/2011	TELEPHONE NUMBER (417) 895-6868



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at **11:59 PM**.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204191
08/28/09
09:39

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM (04-07-2009): OKAY
HEATERS
SAMPLE CHAMBER: 50c
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefghijklmnopqrstuvwxyz{|}~

Operator Signature

J. C. Carl #149

Printed on recycled paper with agri-based inks

CMSU 2208-02

BAC DataMaster Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204191
08/28/09

TESTING OFFICER:
CLARK/CHAD/C
OFFICER I.D.: 149
PERMIT NUMBER: 920072
EXPIRATION DATE: 04/21/11
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	09:44
INTERNAL STANDARD	VERIFIED	09:44
EXTERNAL STANDARD	.098	09:44
BLANK TEST	.000	09:45
EXTERNAL STANDARD	.099	09:45
BLANK TEST	.000	09:46
EXTERNAL STANDARD	.100	09:47
BLANK TEST	.000	09:47

N = 3
SIM. = .1
AVG. = .099

Operator Signature

Chad C. Clark #149

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CMSU 2208-02

BAC DataMaster

Evidence Ticket

MISSOURI STATE HIGHWAY PATROL
BAC DATAMASTER SERIAL NUMBER 204191
08/28/09

ARREST TIME: 01:01
SUBJECT NAME:
TEST
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/
ARRESTING OFFICER:
CLARK/CHAD/C
OFFICER I.D.: 149
TESTING OFFICER:
CLARK/CHAD/C
OFFICER I.D.: 149
PERMIT NUMBER: 920072
EXPIRATION DATE: 04/21/11
MISCELLANEOUS DATA:
RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	09:53
INTERNAL STANDARD	VERIFIED	09:53
SUBJECT SAMPLE	.000	09:54
RADIO INTERFERENCE		

Operator Signature

Chad C. Clark #149

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CMSU 2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



C.C. CLARK

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 04/21/09
Number **920072**
Expires 04/21/2011

MO 580-0771 (7-88)

John J. Mathewson

Director of State Public Health Laboratory

Margaret T. Donnelly

Director, Department of Health

Lab. 4 (R7-88)